

I AM DEAF OR HARD OF HEARING OR DEAFBLIND/ COMBINED VISION AND HEARING LOSS



I am using this card to communicate because



I have an accommodation scheduled/or need:

- On-Site ASL Interpreter
- Video Remote Interpreting
- CART



Please speak into my smartphone. I'm using it to understand you.



Please write or type what you are telling me.

Patient Name:

DOB:



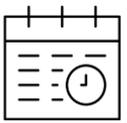
YES



NO



DON'T KNOW



Have an appointment?



Sick Today?



Already received a dose of the COVID-19 vaccine?



Pfizer Moderna Johnson&Johnson Other



Severe Allergy to:

Food Pets Meds Shot Other
Need EpiPen?



Received any other vaccines in the last 14 days?



COVID-19 positive before?



Receive antibody therapy for COVID-19?



Have HIV, cancer or take immunosuppressant drugs?



Have bleeding disorder or take blood thinners?



Pregnant or breastfeeding?



Source: Centers for Disease Control and Prevention

CONTACT US:

WWW.ACDHH.ORG INFO@ACDHH.AZ.GOV
(602) 542-3323 V (480) 559-9441 VP





Do you have your immunization card?



Please Stay and Wait for 15 or 30 minutes



Do you have any side effects?



Fever



Chills/Muscle Aches



Headaches



Fatigue



Pain/Swelling

Are you feeling okay?



Notes:

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